PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)			Attorney Docket Number First Named Inventor	13722-179 Carl A. Caspers		
			COMPLETE IF KNOWN			
			Application Number /			
☑Declaration Submitted With Initial Filing	OR	☐Declaration Submitted after Initial	Filing Date			
	Filing (surcharge (37 CFR 1.16 (e))	Group Art Unit				
	required)		Examiner Name			

As a below named inve	As a below named inventor, I hereby declare that:								
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
VACUUM APPARATUS AND METHOD FOR MANAGING RESIDUAL LIMB VOLUME IN AN ARTIFICIAL LIMB									
the specification of which	the specification of which (Title of the Invention)								
is attached hereto									
OR									
as United States Application Number or PCT International									
Application Number	pplication Number and was amended on (MM/DD/YYYY) (if applicable).								
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.									
l acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application		Foreign Filing Date	Priority	Certified Copy Attached?					
Number(s)	Country	(MM/DD/YYYY) Country	Not Claimed	YES	NO				
					· 🗆				
☐ Additional foreign applicatio	n numbers are listed on a supp	plemental priority data sheet	t PTO/SB/02B attache	ed hereto:					
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.									
ApplicationNumber(s	) Filing Date (	MM/DD/YYYY)							
			numbers a a suppleme	orovisional appli re listed on ental priority dat B attached here	a sheet				

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number or Bar Code Label ☐ OR ☐ Correspondance address below										
Name	Gerald E. Helget									
Address	Rider, Bennett, Egan & Arundel									
Address	333 South Seventh Street, Suite 2000									
City State ZIP										
Minneapolis									2	
Country			Telep	hone					Fax	
USA			612-34	0-8933				612-	340-7900	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.										
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsignated by the solution has been filed for this unsignated by the solution has been filed for this unsignated by the solution has been filed for this unsignated by the solution has been filed for this unsignated by the solution has been filed for this unsignated by the solution has been filed for this unsignated by the solution has been filed for this unsignated by the solution has been filed for this unsignated by the solution has been filed for this unsignated by the solution has been filed for the solution has been filed for this unsignated by the solution has been filed for this unsignated by the solution has been filed for the solution has been filed						unsigned inventor				
Given Name Carl A.					Family Name Caspers or Surname					
Inventor's Carl a Caper.								D 2	ate. 2/14/01.	
Residence: City			Sta		c	Country			Citizenship	
Avon			MN	l	U	USA		U	United States of America	
Mailing Addres	s 3334	6 Shore	ewood	Drive						
Mailing Address										
City		State			ZIP	COUNTRY			_	
Avon		MN			56310 USA					
NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor							signed inventor			
Given Name					Family Name or Surname					
Inventor's Signature					D	Date				
Residence: City	Residence: City		State	С	Country			Citizenship		
Mailing Address										
Malling Address										
City	State			2	ZIP		Co	Country		
Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.										